[fective October 1, 2	2001		1/3/1	1003.	2 / A
	AS FILED - PART			10/70	102	250
TOTAL CLAIMS	(Column 1)	(Column 2)	SMAL TYPE	LENTITY	OR SI	THER TH
FOR	NI MOSS		RAT	TE FEE		MALL ENT
TOTAL CHARGEABLE CLAIM	NUMBER FILED	NUMBER EXTRA	BASIC	FEE	ORBAS	
INDEPENDENT CLAIMS	minus 20=	•	XS)z	7 -	18=
MULTIPLE DEPENDENT CLAIM	PRESENT PRESENT		X42		7	
			1140		OR X	4e .
If the difference in column 1	s less than zero, enter	"O" in column 2	<u> </u>	<u>'</u>	OR +28	iO=
DESOBOCICORUMN 1)	AMENDED - PART		ATOTA	·	OR TOT	
	(Column Highe	n 2) . (Column 3)	SMAL	LENTITY	OR SMA	HER THAN
AFTER AMENDMENT	NUMBE PREVIOU	PRESENT	RATE	ADDI-		Ann
Total (C)	Minus PAIÓ FO	3	-	TIONAL	PAT	E TION
CLAINS REMAINING AFTER AMENOMENT Total Independent	Minus 44 3		X\$ 9=		OR X\$18	
FIRST PRESENTATION OF MI	JUTIPLE DEPENDENT C	WM /	X42=		OR POR	200
			+140=		OR +280=	
(Column 1)			ADDIT, FEE		700	
CLAIMS REMAINING	(Column Highest	2) (Column 3)			ADOJT. E	-
AFTER AMENDMENT	NUMBER PREVIOUS	Y FOTEN	RATE	ADDI- TIONAL		ADDI-
Total . 26.	Winus PAID FOR	1		FEE	PATE	TIONAL
Independent •	Mirrus 4	*	X\$ 9	0	R X\$18=	1
FIRST PRESENTATION OF MUL	TIPLE DEPENDENT CLA	IM	X420	OF	X84=	
ماريار			+140=	OR	+280=	
(Column 1)	423		ADDIT. FEE	OR	TOTAL ADDIT, FEE	
CLAIMS REMAINING	(Column 2)	(Column 3)	<u> </u>		· ·	-
AFTER AMENDMENT	PREVIOUSLY PAID FOR	PRESENT EXTRA		ADDI- IONAL		ADDI-
MIL 2.2 MIL		1.2		FEE	RATE	TIONAL
dependent a 5 Mil	TUR !	-~	X2 8=	OR OR	xsj&	100
RST PRESENTATION OF MULTI	PLE DEPENDENT CLAIM		X42a.	OR	XB4°	200
Color in ant			+140=			
enty in column 1 is less than the en Highest Number Previously Paid Fo Highest Number Proviously Paid Fo Highest Number Proviously Paid For	ly in column 2, write are in an	home a E		OR	+280=	I.

Application or Docket Number